

BETTY CLEMENTS
GRANTOR

TO

WARRANTY DEED

LEE ESTER HIGGINBOTTOM
GRANTEES

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I, the undersigned Grantor, **BETTY CLEMENTS**, do hereby sell, convey and warrant unto **LEE ESTER HIGGINBOTTOM AND ALBERT HIGGINBOTTOM, husband and wife, as tenants by the entirety with full right of survivorship and not as tenants in common**, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DeSoto, State of Mississippi, and more particularly described as follows, to-wit:

Lot 902, Section C, Southaven Subdivision, in Section 23, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 2, Page 19, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Said lands are subject to rights of way and easements for public roads and for public utilities; to applicable building, zoning, subdivision and Health Department regulations; to the covenants, limitations and restrictions of record with the said recorded plat of said subdivision and to which reference is hereby made; to any matter which might be disclosed by a current, accurate survey and physical inspection of said lands.

Possession is given upon the delivery of this deed; taxes for the year 2009 shall be prorated among the parties.

By way of explanation, the Grantor herein acquired title to subject property as a tenant by the entirety with full right of survivorship with **ROBERT E CLEMENTS**, who passed away on June 7, 2005, a copy of the death certificate is available in the office of the Mississippi State Dept. of Health Vital Records.

FNP

WITNESS MY SIGNATURE this 17th day of April, 2009.

Betty C Clements
Betty Clements

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this 17th day of April, 2009, within the jurisdiction, the within named Betty Clements, who acknowledged that she executed the above and foregoing instrument.

[Signature]
Notary Public

(S E A L)

My Commission expires:

GRANTOR'S ADDRESS AND PHONE:

5666 Chessie Dr.
Olive Branch, MS 3864
Home:
Work: 662-890-0146

GRANTEES' ADDRESS AND PHONE:

1832 Tad Cove
Southaven, MS 38671
Home: None
Work: None

PREPARED BY AND RETURN TO:
FIRST NATIONAL FINANCIAL TITLE SERVICES, LLC
LAWRENCE F. HATTEN, III, ATTORNEY
6880 COBBLESTONE BLVD, SUITE 2
SOUTHAVEN, MS 38672
PHONE: 662.892.6536 FAX: 662.890.8775

FILE #: S16135

MISSISSIPPI STATE DEPARTMENT OF HEALTH BK 607 PG 51
VITAL RECORDS

CERTIFICATE OF DEATH
STATE OF MISSISSIPPI

STATE FILE NUMBER 12305-012541

TYPE OR PRINT
IN BLACK INK

FILING DATE JUN 20 2005

DECEASED	1. NAME First Middle Last Robert Earl Clements			2. SEX Male	3a. HOUR OF DEATH 3:00 A m	3b. DATE OF DEATH (Month, Day, Year) June 7, 2005
	4. RACE (Specify White, Black, American Indian, etc.) White		5a. AGE AT LAST BIRTHDAY 76 Years	5b. MOS ONLY IF UNDER 1 YEAR	5c. DAYS ONLY IF UNDER 1 YEAR	5d. HOURS ONLY IF UNDER 1 YEAR
	7b. CITY OR TOWN OF DEATH Southaven		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) 1832 Tad Cove		6. DATE OF BIRTH (Month, Day, Year) October 23, 1928	7a. COUNTY OF DEATH DeSoto
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School (10-12) 12		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Betty Covington	
RESIDENCE Name, or actual location home rather than mailing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) American		14. SOCIAL SECURITY NUMBER 428-52-3237		15a. USUAL OCCUPATION (Kind of work done, most of working life) Mechanic	
	16a. RESIDENCE-STATE Mississippi	16b. COUNTY DeSoto	16c. CITY OR TOWN Southaven	16d. INSIDE CITY LIMITS (Specify Yes or No) Yes	16e. STREET AND NUMBER OR RURAL LOCATION 1832 Tad Cove	
	17. FATHER-NAME First Middle Last Walter C. Clements			18. MOTHER-NAME First Middle Maiden Mildred Davis		
	19a. INFORMANT-NAME (Type or print) Betty Covington Clements			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 1832 Tad Cove, Southaven, MS 38671		
DISPOSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) Burial		20b. CEMETERY, CREMATORY-NAME Rocky Branch Cemetery		20c. LOCATION (City and State) Bruce, Mississippi	
	21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Parker Memorial Funeral Home 07A		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) P.O. Box 458, Bruce, MS 38915			
PRONOUNCEMENT	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) Billy Baldwin, DCMEI				22b. PRONOUNCED DEAD (Month, Day, Year) ON June 7, 2005	
	22c. PRONOUNCED DEAD (Hour) AT 8:12 A m					
CERTIFIER	23a. CERTIFIER-NAME (Type or print) Jeffery Pounds			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Road, Nesbit, MS 38651		
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated. SIGNATURE Jeffery Pounds MD			24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE Jeffery Pounds		
	24b. DATE SIGNED (Month, Day, Year) June 16, 2005			24c. STATE LICENSE NUMBER DeSoto CMEI		
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) June 16, 2005			24f. TITLE DeSoto CMEI		
CAUSE OF DEATH	25. PART I. IMMEDIATE CAUSE (Enter one cause only): (a) ASCD Interval between onset and death					
	(b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): Interval between onset and death					
	(c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): Interval between onset and death					
	26. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I					
Had Decedent been Pregnant within 90 Days prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	27. AUTOPSY (Yes or No) No				28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes	
	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify) Use if death NOT due to natural causes	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION Street or route number City or town State		

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JUN 27 2005

Judy Moulder
STATE REGISTRAR

WARNING:

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